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Bib Data Sheet

CONFIRMATION NO. 6587

<b>SERIAL NUMBER</b> 09/736,055	<b>FILING DATE</b> 12/13/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 00-P-23062A
<b>APPLICANTS</b> Steven W. Lopez, Orlando, FL;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/197,699 04/18/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 55
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> JEFFREY S. WHITTLE, ESQUIRE ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A. P.O. Box 3791 Orlando, FL 32802-3791				
<b>TITLE</b> System and methods for unified routing of mailpieces and processing sender notifications				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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CONFIRMATION NO. 6587

<b>SERIAL NUMBER</b> 09/736,055	<b>FILING DATE</b> 12/13/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3629	<b>ATTORNEY DOCKET NO.</b> 00-P-23062A
<b>APPLICANTS</b> Steven W. Lopez, Orlando, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/197,699 04/18/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 55
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Jeffrey S. Whittle Bracewell & Patterson L.L.P. 711 Louisiana Street Ste. 2900 Houston, TX 77002-2781				
<b>TITLE</b> System and methods for unified routing of mailpieces and processing sender notifications				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	